

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing

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# PHA Plans

5 Year Plan for Fiscal Years 2010 - 2015

Annual Plan for Fiscal Year 2008

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN  
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

**PHA Plan  
Agency Identification**

**PHA Name:** Fairburn Housing Authority

**PHA Number:** GA180

**PHA Fiscal Year Beginning: (mm/yyyy)** 01/2008

**PHA Programs Administered:**

☐ **Public Housing and Section 8**    ☐ **Section 8 Only**    ☒ **Public Housing Only**  
Number of public housing units:      Number of S8 units:      Number of public housing units:  
Number of S8 units:

☐ **PHA Consortia:** (check box if submitting a joint PHA Plan and complete table)

Participating PHAs	PHA Code	Program(s) Included in the Consortium	Programs Not in the Consortium	# of Units Each Program
Participating PHA 1:				
Participating PHA 2:				
Participating PHA 3:				

**Public Access to Information**

**Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply)**

- ☒ Main administrative office of the PHA  
☐ PHA development management offices  
☐ PHA local offices

**Display Locations For PHA Plans and Supporting Documents**

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA  
☐ PHA development management offices  
☐ PHA local offices  
☐ Main administrative office of the local government  
☐ Main administrative office of the County government  
☐ Main administrative office of the State government  
☐ Public library  
☐ PHA website  
☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
- ☐ PHA development management offices
- ☐ Other (list below)

**5-YEAR PLAN**  
**PHA FISCAL YEARS 2010 - 2015**  
[24 CFR Part 903.5]

**A. Mission**

State the PHA's mission for serving the needs of low-income, very low income, and extremely low-income families in the PHA's jurisdiction. (select one of the choices below)

- X      The mission of the FHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.
- X      The FHA's mission is: It is the mission of the Fairburn Housing Authority to provide and maintain decent, safe and economically affordable housing in a fiscally prudent and accountable manner. To serve as a resource to residents and the community by working in harmony with various civic and community organizations that promote and encourage efforts towards family self-sufficiency and improved living standards.

**B. Goals**

The goals and objectives listed below are derived from HUD's strategic Goals and Objectives and those emphasized in recent legislation. PHAs may select any of these goals and objectives as their own, or identify other goals and/or objectives. Whether selecting the HUD-suggested objectives or their own, **PHAS ARE STRONGLY ENCOURAGED TO IDENTIFY QUANTIFIABLE MEASURES OF SUCCESS IN REACHING THEIR OBJECTIVES OVER THE COURSE OF THE 5 YEARS.** (Quantifiable measures would include targets such as: numbers of families served or PHAS scores achieved.) PHAs should identify these measures in the spaces to the right of or below the stated objectives.

**HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.**

- X      PHA Goal: Expand the supply of assisted housing  
Objectives:  
☐      Apply for additional rental vouchers:  
☐      Reduce public housing vacancies:  
X      Leverage private or other public funds to create additional housing opportunities:  
☐      Acquire or build units or developments  
☐      Other (list below)
- X      PHA Goal: Improve the quality of assisted housing  
Objectives:  
X      Improve public housing management: (PHAS score)  
☐      Improve voucher management: (SEMAP score)  
X      Increase customer satisfaction:

- ☐ Concentrate on efforts to improve specific management functions:  
(list; e.g., public housing finance; voucher unit inspections)
- ☐ Renovate or modernize public housing units:
- ☐ Demolish or dispose of obsolete public housing:
- ☐ Provide replacement public housing:
- ☐ Provide replacement vouchers:
- ☐ Other: (list below)

☐ PHA Goal: Increase assisted housing choices

Objectives:

- ☐ Provide voucher mobility counseling:
- ☐ Conduct outreach efforts to potential voucher landlords
- ☐ Increase voucher payment standards
- ☐ Implement voucher homeownership program:
- ☐ Implement public housing or other homeownership programs:
- ☐ Implement public housing site-based waiting lists:
- ☐ Convert public housing to vouchers:
- ☐ Other: (list below)

**HUD Strategic Goal: Improve community quality of life and economic vitality**

PHA Goal: Provide an improved living environment

Objectives:

- Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:
- Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:
- ☐ Implement public housing security improvements:
- ☐ Designate developments or buildings for particular resident groups (elderly, persons with disabilities)
- ☐ Other: (list below)

**HUD Strategic Goal: Promote self-sufficiency and asset development of families and individuals**

PHA Goal: Promote self-sufficiency and asset development of assisted households

Objectives:

- Increase the number and percentage of employed persons in assisted families:

- ☐ Provide or attract supportive services to improve assistance recipients' employability:
- ☐ Provide or attract supportive services to increase independence for the elderly or families with disabilities.
- ☐ Other: (list below)

**HUD Strategic Goal: Ensure Equal Opportunity in Housing for all Americans**

PHA Goal: Ensure equal opportunity and affirmatively further fair housing

Objectives:

- X Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability:
- X Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability:
- X Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:
- ☐ Other: (list below)

**Other PHA Goals and Objectives: (list below)**

**Annual PHA Plan**  
**PHA Fiscal Year 2008**  
[24 CFR Part 903.7]

**i. Annual Plan Type:**

Select which type of Annual Plan the PHA will submit.

☐ **Standard Plan**

**X      Troubled Agency Plan**

**ii. Executive Summary of the Annual PHA Plan**

[24 CFR Part 903.7 9 (r)]

Provide a brief overview of the information in the Annual Plan, including highlights of major initiatives and discretionary policies the PHA has included in the Annual Plan.

**iii. Annual Plan Table of Contents**

[24 CFR Part 903.7 9 (r)]

Provide a table of contents for the Annual Plan, including attachments, and a list of supporting documents available for public inspection.

**Table of Contents**

	<u>Page #</u>
<b>Annual Plan</b>	
i. Executive Summary	
ii. Table of Contents	
1. Housing Needs	6
2. Financial Resources	10
3. Policies on Eligibility, Selection and Admissions	11
4. Rent Determination Policies	20
5. Operations and Management Policies	25
6. Grievance Procedures	26
7. Capital Improvement Needs	27
8. Demolition and Disposition	
9. Designation of Housing	
10. Conversions of Public Housing	
11. Homeownership	
12. Community Service Programs	34
13. Crime and Safety	36
14. Pets (Inactive for January 1 PHAs)	38
15. Civil Rights Certifications (included with PHA Plan Certifications)	38
16. Audit	38
17. Asset Management	

## 18. Other Information

### Attachments

Indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. Note: If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

#### Required Attachments:

- ☐ Admissions Policy for Deconcentration
- ☐ FY 2005 Capital Fund Program Annual Statement
- X Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)
- X List of Resident Advisory Board Members
- X List of Resident Board Member
- X Community Service Description of Implementation
- X Information on Pet Policy
- ☐ Section 8 Homeownership Capacity Statement, if applicable
- ☐ Description of Homeownership Programs, if applicable

#### Optional Attachments:

- ☐ PHA Management Organizational Chart
- ☐ FY 2005 Capital Fund Program 5 Year Action Plan
- ☐ Public Housing Drug Elimination Program (PHDEP) Plan
- ☐ Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)
- ☐ Other (List below, providing each attachment name)

### Supporting Documents Available for Review

Indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
X	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
X	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI)) and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the methodology for setting public housing flat rents X check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development X check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures X check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for	Annual Plan: Capital Needs

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
	any active CIAP grant	
	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
X	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

## **1. Statement of Housing Needs**

[24 CFR Part 903.7 9 (a)]

### **A. Housing Needs of Families in the Jurisdiction/s Served by the PHA**

Based upon the information contained in the Consolidated Plan/s applicable to the jurisdiction, and/or other data available to the PHA, provide a statement of the housing needs in the jurisdiction by completing the following table. In the "Overall" Needs column, provide the estimated number of renter families that have housing needs. For the remaining characteristics, rate the impact of that factor on the housing needs for each family type, from 1 to 5, with 1 being "no impact" and 5 being "severe impact." Use N/A to indicate that no information is available upon which the PHA can make this assessment.

<b>Housing Needs of Families in the Jurisdiction by Family Type</b>							
<b>Family Type</b>	<b>Overall</b>	<b>Afford- ability</b>	<b>Supply</b>	<b>Quality</b>	<b>Access- ibility</b>	<b>Size</b>	<b>Loca- tion</b>
Income <= 30% of AMI	5	5	N/A	N/A	5	5	5
Income >30% but <=50% of AMI	5	5	N/A	N/A	5	5	5
Income >50% but <80% of AMI	5	5	N/A	N/A	5	5	5
Elderly	5	5	N/A	N/A	5	5	5
Families with Disabilities	5	5	N/A	N/A	5	5	5
Race/Ethnicity	1	1	N/A	N/A	1	1	1
Race/Ethnicity	1	1	N/A	N/A	1	1	1
Race/Ethnicity	1	1	N/A	N/A	1	1	1
Race/Ethnicity	1	1	N/A	N/A	1	1	1

What sources of information did the PHA use to conduct this analysis? (Check all that apply; all materials must be made available for public inspection.)

- ☒ Consolidated Plan of the Jurisdiction/s  
Indicate year: 2007
- ☐ U.S. Census data: the Comprehensive Housing Affordability Strategy ("CHAS") dataset
- ☐ American Housing Survey data  
Indicate year:
- ☐ Other housing market study  
Indicate year:
- ☐ Other sources: (list and indicate year of information)

## B. Housing Needs of Families on the Public Housing and Section 8 Tenant- Based Assistance Waiting Lists

State the housing needs of the families on the PHA's waiting list/s. **Complete one table for each type of PHA-wide waiting list administered by the PHA.** PHAs may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input checked="" type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	150		
Extremely low income <=30% AMI	13	33	
Very low income (>30% but <=50% AMI)	20	50	
Low income (>50% but <80% AMI)	7	18	
Families with children	30	75	
Elderly families	4	10	
Families with Disabilities	6	15	
Race/ethnicity	15 WHITE	10	
Race/ethnicity	135 BLACKS	90	
Race/ethnicity			
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			

Housing Needs of Families on the Waiting List			
1BR	6	15	
2 BR	70	43	
3 BR	70	40	
4 BR	4	03	
5 BR			
5+ BR			
Is the waiting list closed (select one)? X No    Yes If yes: How long has it been closed (# of months)? 3 MONTHS Does the PHA expect to reopen the list in the PHA Plan year? X No    Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? No X Yes			

### C. Strategy for Addressing Needs

Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list **IN THE UPCOMING YEAR**, and the Agency's reasons for choosing this strategy.

#### (1) Strategies

**Need: Shortage of affordable housing for all eligible populations**

**Strategy 1. Maximize the number of affordable units available to the PHA within its current resources by:**

Select all that apply

- X      Employ effective maintenance and management policies to minimize the number of public housing units off-line
- X      Reduce turnover time for vacated public housing units
- ☐      Reduce time to renovate public housing units
- ☐      Seek replacement of public housing units lost to the inventory through mixed finance development
- ☐      Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- ☐      Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
- X      Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- ☐      Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration

- ☐ Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
- ☐ Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- ☐ Other (list below)

**Strategy 2: Increase the number of affordable housing units by:**

Select all that apply

- ☐ Apply for additional section 8 units should they become available
- ☐ Leverage affordable housing resources in the community through the creation of mixed - finance housing
- X Pursue housing resources other than public housing or Section 8 tenant-based assistance.
- ☐ Other: (list below)

**Need: Specific Family Types: Families at or below 30% of median**

**Strategy 1: Target available assistance to families at or below 30 % of AMI**

Select all that apply

- X Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing
- ☐ Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance
- ☐ Employ admissions preferences aimed at families with economic hardships
- X Adopt rent policies to support and encourage work
- ☐ Other: (list below)

**Need: Specific Family Types: Families at or below 50% of median**

**Strategy 1: Target available assistance to families at or below 50% of AMI**

Select all that apply

- X Employ admissions preferences aimed at families who are working
- X Adopt rent policies to support and encourage work
- ☐ Other: (list below)

**Need: Specific Family Types: The Elderly**

**Strategy 1: Target available assistance to the elderly:**

Select all that apply

- ☐ Seek designation of public housing for the elderly
- ☐ Apply for special-purpose vouchers targeted to the elderly, should they become available
- ☐ Other: (list below)

**Need: Specific Family Types: Families with Disabilities**

**Strategy 1: Target available assistance to Families with Disabilities:**

Select all that apply

- ☐ Seek designation of public housing for families with disabilities
- ☐ Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing
- ☐ Apply for special-purpose vouchers targeted to families with disabilities, should they become available
- ☐ Affirmatively market to local non-profit agencies that assist families with disabilities
- ☐ Other: (list below)

**Need: Specific Family Types: Races or ethnicities with disproportionate housing needs**

**Strategy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:**

Select if applicable

- ☐ Affirmatively market to races/ethnicities shown to have disproportionate housing needs
- ☐ Other: (list below)

**Strategy 2: Conduct activities to affirmatively further fair housing**

Select all that apply

- ☐ Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units
- ☐ Market the section 8 program to owners outside of areas of poverty /minority concentrations
- ☐ Other: (list below)

**Other Housing Needs & Strategies: (list needs and strategies below)**

**(2) Reasons for Selecting Strategies**

Of the factors listed below, select all that influenced the PHA's selection of the strategies it will pursue:

- X Funding constraints
- X Staffing constraints
- X Limited availability of sites for assisted housing
- ☐ Extent to which particular housing needs are met by other organizations in the community
- X Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
- ☐ Influence of the housing market on PHA programs
- ☐ Community priorities regarding housing assistance
- X Results of consultation with local or state government
- ☐ Results of consultation with residents and the Resident Advisory Board
- ☐ Results of consultation with advocacy groups
- ☐ Other: (list below)

## **2. Statement of Financial Resources**

[24 CFR Part 903.7 9 (b)]

List the financial resources that are anticipated to be available to the PHA for the support of Federal public housing and tenant-based Section 8 assistance programs administered by the PHA during the Plan year. Note: the table assumes that Federal public housing or tenant based Section 8 assistance grant funds are expended on eligible purposes; therefore, uses of these funds need not be stated. For other funds, indicate the use for those funds as one of the following categories: public housing operations, public housing capital improvements, public housing safety/security, public housing supportive services, Section 8 tenant-based assistance, Section 8 supportive services or other.

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
<b>1. Federal Grants (FY 2005 grants)</b>		
a) Public Housing Operating Fund		
b) Public Housing Capital Fund		
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance		
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)		
g) Resident Opportunity and Self-Sufficiency Grants		
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
<b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>		
<b>3. Public Housing Dwelling Rental Income</b>		
<b>4. Other income (list below)</b>		
<b>4. Non-federal sources (list below)</b>		
<b>Total resources</b>		

### **3. PHA Policies Governing Eligibility, Selection, and Admissions**

[24 CFR Part 903.7 9 (c)]

#### **A. Public Housing**

Exemptions: PHAs that do not administer public housing are not required to complete subcomponent 3A.

##### **(1) Eligibility**

a. When does the PHA verify eligibility for admission to public housing? (select all that apply)

X When families are within a certain number of being offered a unit: (state number) 15 BUSINESS DAYS

X When families are within a certain time of being offered a unit: 15 Business days

☐ Other: (describe)

- b. Which non-income (screening) factors does the PHA use to establish eligibility for admission to public housing (select all that apply)?
- X Criminal or Drug-related activity
- X Rental history
- X Housekeeping
- ☐ Other (describe)
- c. X Yes ☐ No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
- d. ☐ Yes X No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?
- e. ☐ Yes X No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

## **(2)Waiting List Organization**

- a. Which methods does the PHA plan to use to organize its public housing waiting list (select all that apply)
- X Community-wide list
- ☐ Sub-jurisdictional lists
- ☐ Site-based waiting lists
- ☐ Other (describe)
- b. Where may interested persons apply for admission to public housing?
- X PHA main administrative office
- ☐ PHA development site management office
- ☐ Other (list below)
- c. If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to subsection **(3) Assignment**
1. How many site-based waiting lists will the PHA operate in the coming year?
2. ☐ Yes ☐ No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?  
If yes, how many lists?
3. ☐ Yes ☐ No: May families be on more than one list simultaneously  
If yes, how many lists?

4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?

- ☐ PHA main administrative office
- ☐ All PHA development management offices
- ☐ Management offices at developments with site-based waiting lists
- ☐ At the development to which they would like to apply
- ☐ Other (list below)

### **(3) Assignment**

a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one)

- ☐ One
- ☐ Two
- X Three or More

b. X Yes ☐ No: Is this policy consistent across all waiting list types?

c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:

### **(4) Admissions Preferences**

a. Income targeting:

X Yes ☐ No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?

b. Transfer policies:

In what circumstances will transfers take precedence over new admissions? (list below)

- X Emergencies
- X Overhoused
- X Underhoused
- X Medical justification
- X Administrative reasons determined by the PHA (e.g., to permit modernization work)
- X Resident choice: (state circumstances below)
- ☐ Other: (list below)

### **VIOLENCE AGAINST WOMEN ACT**

c. Preferences

1. X Yes ☐ No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If “no” is selected, skip to subsection **(5) Occupancy**)

2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences:

- X Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- X Victims of domestic violence
- X Substandard housing
- X Homelessness
- X High rent burden (rent is > 50 percent of income)

Other preferences: (select below)

- X Working families and those unable to work because of age or disability
- X Veterans and veterans’ families
- X Residents who live and/or work in the jurisdiction
- X Those enrolled currently in educational, training, or upward mobility programs
- X Households that contribute to meeting income goals (broad range of incomes)
- X Households that contribute to meeting income requirements (targeting)
- X Those previously enrolled in educational, training, or upward mobility programs
- X Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a “1” in the space that represents your first priority, a “2” in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use “1” more than once, “2” more than once, etc.

X Date and Time

Former Federal preferences:

- 1 Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- 1 Victims of domestic violence
- 2 Substandard housing
- 2 Homelessness
- 2 High rent burden

Other preferences (select all that apply)

- X Working families and those unable to work because of age or disability
- X Veterans and veterans' families
- X Residents who live and/or work in the jurisdiction
- X Those enrolled currently in educational, training, or upward mobility programs
- X Households that contribute to meeting income goals (broad range of incomes)
- X Households that contribute to meeting income requirements (targeting)
- X Those previously enrolled in educational, training, or upward mobility programs
- X Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

4. Relationship of preferences to income targeting requirements:

- ☐ The PHA applies preferences within income tiers
- X Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

**(5) Occupancy**

a. What reference materials can applicants and residents use to obtain information about the rules of occupancy of public housing (select all that apply)

- X The PHA-resident lease
- X The PHA's Admissions and (Continued) Occupancy policy
- X PHA briefing seminars or written materials
- ☐ Other source (list)

b. How often must residents notify the PHA of changes in family composition? (select all that apply)

- X At an annual reexamination and lease renewal
- X Any time family composition changes
- X At family request for revision
- ☐ Other (list)

**(6) Deconcentration and Income Mixing**

- a. ☐ Yes X No: Did the PHA's analysis of its family (general occupancy) developments to determine concentrations of poverty indicate the need for measures to promote deconcentration of poverty or income mixing?

b. ☐ Yes X No: Did the PHA adopt any changes to its **admissions policies** based on the results of the required analysis of the need to promote deconcentration of poverty or to assure income mixing?

c. If the answer to b was yes, what changes were adopted? (select all that apply)

☐ Adoption of site-based waiting lists  
If selected, list targeted developments below:

☐ Employing waiting list “skipping” to achieve deconcentration of poverty or income mixing goals at targeted developments  
If selected, list targeted developments below:

☐ Employing new admission preferences at targeted developments  
If selected, list targeted developments below:

☐ Other (list policies and developments targeted below)

d. ☐ Yes X No: Did the PHA adopt any changes to **other** policies based on the results of the required analysis of the need for deconcentration of poverty and income mixing?

e. If the answer to d was yes, how would you describe these changes? (select all that apply)

- ☐ Additional affirmative marketing
- ☐ Actions to improve the marketability of certain developments
- ☐ Adoption or adjustment of ceiling rents for certain developments
- ☐ Adoption of rent incentives to encourage deconcentration of poverty and income-mixing
- ☐ Other (list below)

f. Based on the results of the required analysis, in which developments will the PHA make special efforts to attract or retain higher-income families? (select all that apply)

X Not applicable: results of analysis did not indicate a need for such efforts

☐ List (any applicable) developments below:

g. Based on the results of the required analysis, in which developments will the PHA make special efforts to assure access for lower-income families? (select all that apply)

X Not applicable: results of analysis did not indicate a need for such efforts

☐ List (any applicable) developments below:

## B. Section 8

Exemptions: PHAs that do not administer section 8 are not required to complete sub-component 3B. **Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

### (1) Eligibility

- a. What is the extent of screening conducted by the PHA? (select all that apply)
- ☐ Criminal or drug-related activity only to the extent required by law or regulation
  - ☐ Criminal and drug-related activity, more extensively than required by law or regulation
  - ☐ More general screening than criminal and drug-related activity (list factors below)
  - ☐ Other (list below)
- b. ☐ Yes ☐ No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
- c. ☐ Yes ☐ No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?
- d. ☐ Yes ☐ No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)
- e. Indicate what kinds of information you share with prospective landlords? (select all that apply)
- ☐ Criminal or drug-related activity
  - ☐ Other (describe below)

### (2) Waiting List Organization

- a. With which of the following program waiting lists is the section 8 tenant-based assistance waiting list merged? (select all that apply)
- ☐ None
  - ☐ Federal public housing
  - ☐ Federal moderate rehabilitation
  - ☐ Federal project-based certificate program
  - ☐ Other federal or local program (list below)
- b. Where may interested persons apply for admission to section 8 tenant-based assistance? (select all that apply)
- ☐ PHA main administrative office

☐ Other (list below)

**(3) Search Time**

- a. ☐ Yes ☐ No: Does the PHA give extensions on standard 60-day period to search for a unit?

If yes, state circumstances below:

**(4) Admissions Preferences**

- a. Income targeting

☐ Yes ☐ No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 75% of all new admissions to the section 8 program to families at or below 30% of median area income?

- b. Preferences

1. ☐ Yes ☐ No: Has the PHA established preferences for admission to section 8 tenant-based assistance? (other than date and time of application) (if no, skip to subcomponent **(5) Special purpose section 8 assistance programs**)
2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences

- ☐ Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- ☐ Victims of domestic violence
- ☐ Substandard housing
- ☐ Homelessness
- ☐ High rent burden (rent is > 50 percent of income)

Other preferences (select all that apply)

- ☐ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans' families
- ☐ Residents who live and/or work in your jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)

- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a “1” in the space that represents your first priority, a “2” in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use “1” more than once, “2” more than once, etc.

Date and Time

Former Federal preferences

Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)  
 Victims of domestic violence  
 Substandard housing  
 Homelessness  
 High rent burden

Other preferences (select all that apply)

- ☐ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans’ families
- ☐ Residents who live and/or work in your jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

4. Among applicants on the waiting list with equal preference status, how are applicants selected? (select one)

- ☐ Date and time of application
- ☐ Drawing (lottery) or other random choice technique

5. If the PHA plans to employ preferences for “residents who live and/or work in the jurisdiction” (select one)

- ☐ This preference has previously been reviewed and approved by HUD

- ☐ The PHA requests approval for this preference through this PHA Plan

6. Relationship of preferences to income targeting requirements: (select one)

- ☐ The PHA applies preferences within income tiers
- ☐ Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

**(5) Special Purpose Section 8 Assistance Programs**

a. In which documents or other reference materials are the policies governing eligibility, selection, and admissions to any special-purpose section 8 program administered by the PHA contained? (select all that apply)

- ☐ The Section 8 Administrative Plan
- ☐ Briefing sessions and written materials
- ☐ Other (list below)

b. How does the PHA announce the availability of any special-purpose section 8 programs to the public?

- ☐ Through published notices
- ☐ Other (list below)

**4. PHA Rent Determination Policies**

[24 CFR Part 903.7 9 (d)]

**A. Public Housing**

Exemptions: PHAs that do not administer public housing are not required to complete sub-component 4A.

**(1) Income Based Rent Policies**

Describe the PHA's income based rent setting policy/ies for public housing using, including discretionary (that is, not required by statute or regulation) income disregards and exclusions, in the appropriate spaces below.

a. Use of discretionary policies: (select one)

- ☐ The PHA will not employ any discretionary rent-setting policies for income based rent in public housing. Income-based rents are set at the higher of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare

rent, or minimum rent (less HUD mandatory deductions and exclusions). (If selected, skip to sub-component (2))

---or---

The PHA employs discretionary policies for determining income based rent (If selected, continue to question b.)

b. Minimum Rent

1. What amount best reflects the PHA's minimum rent? (select one)

- ☐ \$0  
☒ \$1-\$25  
☐ \$26-\$50

2.X Yes ☐ No: Has the PHA adopted any discretionary minimum rent hardship exemption policies?

3. If yes to question 2, list these policies below:

c. Rents set at less than 30% than adjusted income

1. Yes X No: Does the PHA plan to charge rents at a fixed amount or percentage less than 30% of adjusted income?

2. If yes to above, list the amounts or percentages charged and the circumstances under which these will be used below:

d. Which of the discretionary (optional) deductions and/or exclusions policies does the PHA plan to employ (select all that apply)

- ☐ For the earned income of a previously unemployed household member  
☐ For increases in earned income  
☐ Fixed amount (other than general rent-setting policy)

If yes, state amount/s and circumstances below:

- ☐ Fixed percentage (other than general rent-setting policy)  
If yes, state percentage/s and circumstances below:

- ☐ For household heads  
☐ For other family members  
☐ For transportation expenses

- ☐ For the non-reimbursed medical expenses of non-disabled or non-elderly families
- ☐ Other (describe below)

e. Ceiling rents

1. Do you have ceiling rents? (rents set at a level lower than 30% of adjusted income) (select one)

- X Yes for all developments
- ☐ Yes but only for some developments
- ☐ No

2. For which kinds of developments are ceiling rents in place? (select all that apply)

- X For all developments
- ☐ For all general occupancy developments (not elderly or disabled or elderly only)
- ☐ For specified general occupancy developments
- ☐ For certain parts of developments; e.g., the high-rise portion
- ☐ For certain size units; e.g., larger bedroom sizes
- ☐ Other (list below)

3. Select the space or spaces that best describe how you arrive at ceiling rents (select all that apply)

- X Market comparability study
- ☐ Fair market rents (FMR)
- ☐ 95<sup>th</sup> percentile rents
- ☐ 75 percent of operating costs
- ☐ 100 percent of operating costs for general occupancy (family) developments
- ☐ Operating costs plus debt service
- ☐ The "rental value" of the unit
- ☐ Other (list below)

f. Rent re-determinations:

1. Between income reexaminations, how often must tenants report changes in income or family composition to the PHA such that the changes result in an adjustment to rent? (select all that apply)

- ☐ Never

- X At family option
- X Any time the family experiences an income increase
- ☐ Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold)\_\_\_\_\_
- ☐ Other (list below)

g. ☐ Yes X No: Does the PHA plan to implement individual savings accounts for residents (ISAs) as an alternative to the required 12 month disallowance of earned income and phasing in of rent increases in the next year?

## **(2) Flat Rents**

1. In setting the market-based flat rents, what sources of information did the PHA use to establish comparability? (select all that apply.)
- ☐ The section 8 rent reasonableness study of comparable housing
  - ☐ Survey of rents listed in local newspaper
  - X Survey of similar unassisted units in the neighborhood
  - ☐ Other (list/describe below)

## **B. Section 8 Tenant-Based Assistance**

Exemptions: PHAs that do not administer Section 8 tenant-based assistance are not required to complete sub-component 4B. **Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

### **(1) Payment Standards**

Describe the voucher payment standards and policies.

a. What is the PHA's payment standard? (select the category that best describes your standard)

- ☐ At or above 90% but below 100% of FMR
- ☐ 100% of FMR
- ☐ Above 100% but at or below 110% of FMR
- ☐ Above 110% of FMR (if HUD approved; describe circumstances below)

b. If the payment standard is lower than FMR, why has the PHA selected this standard? (select all that apply)

- ☐ FMRs are adequate to ensure success among assisted families in the PHA's segment of the FMR area
- ☐ The PHA has chosen to serve additional families by lowering the payment standard
- ☐ Reflects market or submarket
- ☐ Other (list below)

c. If the payment standard is higher than FMR, why has the PHA chosen this level? (select all that apply)

- ☐ FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area
- ☐ Reflects market or submarket
- ☐ To increase housing options for families
- ☐ Other (list below)

d. How often are payment standards reevaluated for adequacy? (select one)

- ☐ Annually
- ☐ Other (list below)

e. What factors will the PHA consider in its assessment of the adequacy of its payment standard? (select all that apply)

- ☐ Success rates of assisted families
- ☐ Rent burdens of assisted families
- ☐ Other (list below)

## **(2) Minimum Rent**

a. What amount best reflects the PHA's minimum rent? (select one)

- ☐ \$0
- ☐ \$1-\$25
- ☐ \$26-\$50

b. ☐ Yes ☐ No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? (if yes, list below)

## **5. Operations and Management**

[24 CFR Part 903.7 9 (e)]

Exemptions from Component 5: High performing and small PHAs are not required to complete this section. Section 8 only PHAs must complete parts A, B, and C(2)

### A. PHA Management Structure

Describe the PHA's management structure and organization.

(select one)

- ☐ An organization chart showing the PHA's management structure and organization is attached.
- ☐ A brief description of the management structure and organization of the PHA follows:

### B. HUD Programs Under PHA Management

List Federal programs administered by the PHA, number of families served at the beginning of the upcoming fiscal year, and expected turnover in each. (Use "NA" to indicate that the PHA does not operate any of the programs listed below.)

Program Name	Units or Families Served at Year Beginning	Expected Turnover
Public Housing	24	<1%
Section 8 Vouchers		
Section 8 Certificates		
Section 8 Mod Rehab		
Special Purpose Section 8 Certificates/Vouchers (list individually)		
Public Housing Drug Elimination Program (PHDEP)		
Other Federal Programs(list individually)		

### C. Management and Maintenance Policies

List the PHA's public housing management and maintenance policy documents, manuals and handbooks that contain the Agency's rules, standards, and policies that govern maintenance and management of public housing, including a description of any measures necessary for the prevention or eradication of pest infestation (which includes cockroach infestation) and the policies governing Section 8 management.

(1) Public Housing Maintenance and Management: (list below)

(2) Section 8 Management: (list below)

## **6. PHA Grievance Procedures**

[24 CFR Part 903.7 9 (f)]

Exemptions from component 6: High performing PHAs are not required to complete component 6.  
Section 8-Only PHAs are exempt from sub-component 6A.

### **A. Public Housing**

1. ☒ Yes ☐ No: Has the PHA established any written grievance procedures in addition to federal requirements found at 24 CFR Part 966, Subpart B, for residents of public housing?

If yes, list additions to federal requirements below:

2. Which PHA office should residents or applicants to public housing contact to initiate the PHA grievance process? (select all that apply)

- ☒ PHA main administrative office  
☐ PHA development management offices  
☐ Other (list below)

### **B. Section 8 Tenant-Based Assistance**

1. ☐ Yes ☐ No: Has the PHA established informal review procedures for applicants to the Section 8 tenant-based assistance program and informal hearing procedures for families assisted by the Section 8 tenant-based assistance program in addition to federal requirements found at 24 CFR 982?

If yes, list additions to federal requirements below:

2. Which PHA office should applicants or assisted families contact to initiate the informal review and informal hearing processes? (select all that apply)

- ☐ PHA main administrative office  
☐ Other (list below)

## **7. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

Exemptions from Component 7: Section 8 only PHAs are not required to complete this component and may skip to Component 8.

### **A. Capital Fund Activities**

Exemptions from sub-component 7A: PHAs that will not participate in the Capital Fund Program may skip to component 7B. All other PHAs must complete 7A as instructed.

#### **(1) Capital Fund Program Annual Statement**

Using parts I, II, and III of the Annual Statement for the Capital Fund Program (CFP), identify capital activities the PHA is proposing for the upcoming year to ensure long-term physical and social viability of its public housing developments. This statement can be completed by using the CFP Annual Statement tables provided in the table library at the end of the PHA Plan template **OR**, at the PHA's option, by completing and attaching a properly updated HUD-52837.

Select one:

☐

The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment (state name)

-or-

X

The Capital Fund Program Annual Statement is provided below: (if selected, copy the CFP Annual Statement from the Table Library and insert here)

## PHA Plan Table Library

### Component 7 Capital Fund Program Annual Statement Parts I, II, and II

#### Annual Statement Capital Fund Program (CFP) Part I: Summary

Capital Fund Grant Number 01 FFY of Grant Approval: 01/2008)

x Original Annual Statement

Line No.	Summary by Development Account	Total Estimated Cost
1	Total Non-CGP Funds	
2	1406 Operations	33600
3	1408 Management Improvements	
4	1410 Administration	
5	1411 Audit	6,400
6	1415 Liquidated Damages	
7	1430 Fees and Costs	
8	1440 Site Acquisition	
9	1450 Site Improvement	
10	1460 Dwelling Structures	
11	1465.1 Dwelling Equipment-Nonexpendable	
12	1470 Nondwelling Structures	
13	1475 Nondwelling Equipment	
14	1485 Demolition	
15	1490 Replacement Reserve	
16	1492 Moving to Work Demonstration	
17	1495.1 Relocation Costs	
18	1498 Mod Used for Development	
19	1502 Contingency	
20	<b>Amount of Annual Grant (Sum of lines 2-19)</b>	<b>40,000</b>
21	Amount of line 20 Related to LBP Activities	
22	Amount of line 20 Related to Section 504 Compliance	
23	Amount of line 20 Related to Security	
24	Amount of line 20 Related to Energy Conservation Measures	

## Capital Fund Program (CFP) Part II: Supporting Table

[illegible]

## **(2) Optional 5-Year Action Plan**

Agencies are encouraged to include a 5-Year Action Plan covering capital work items. This statement can be completed by using the 5 Year Action Plan table provided in the table library at the end of the PHA Plan template **OR** by completing and attaching a properly updated HUD-52834.

- a. Yes ☐ No: Is the PHA providing an optional 5-Year Action Plan for the Capital Fund? (if no, skip to sub-component 7B)
- b. If yes to question a, select one:  
The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment (state name  
-or-

- ☐ The Capital Fund Program 5-Year Action Plan is provided below: (if selected, copy the CFP optional 5 Year Action Plan from the Table Library and insert here)

## **B. HOPE VI and Public Housing Development and Replacement Activities (Non-Capital Fund)**

Applicability of sub-component 7B: All PHAs administering public housing. Identify any approved HOPE VI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement.

- ☐ Yes ☒ No: a) Has the PHA received a HOPE VI revitalization grant? (if no, skip to question c; if yes, provide responses to question b for each grant, copying and completing as many times as necessary)
- b) Status of HOPE VI revitalization grant (complete one set of questions for each grant)

1. Development name:
2. Development (project) number:
3. Status of grant: (select the statement that best describes the current status)
  - ☐ Revitalization Plan under development
  - ☐ Revitalization Plan submitted, pending approval
  - ☐ Revitalization Plan approved
  - ☐ Activities pursuant to an approved Revitalization Plan underway

- ☐ Yes ☐ No: c) Does the PHA plan to apply for a HOPE VI Revitalization grant in the Plan year?
- If yes, list development name/s below:

- ☐ Yes ☐ No: d) Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year?
- If yes, list developments or activities below:

- ☐ Yes ☐ No: e) Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement?
- If yes, list developments or activities below:

## **8. Demolition and Disposition**

[24 CFR Part 903.7 9 (h)]

Applicability of component 8: Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☒ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If “No”, skip to component 9; if “yes”, complete one activity description for each development.)

### 2. Activity Description

- ☐ Yes ☐ No: Has the PHA provided the activities description information in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 9. If “No”, complete the Activity Description table below.)

<b>Demolition/Disposition Activity Description</b>
1a. Development name:
1b. Development (project) number:
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)
5. Number of units affected:
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Timeline for activity: a. Actual or projected start date of activity: b. Projected end date of activity:

## **9. Designation of Public Housing for Occupancy by Elderly Families or Families with Disabilities or Elderly Families and Families with Disabilities**

[24 CFR Part 903.7 9 (i)]

Exemptions from Component 9; Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☒ No: Has the PHA designated or applied for approval to designate or does the PHA plan to apply to designate any public housing for

occupancy only by the elderly families or only by families with disabilities, or by elderly families and families with disabilities or will apply for designation for occupancy by only elderly families or only families with disabilities, or by elderly families and families with disabilities as provided by section 7 of the U.S. Housing Act of 1937 (42 U.S.C. 1437e) in the upcoming fiscal year? (If “No”, skip to component 10. If “yes”, complete one activity description for each development, unless the PHA is eligible to complete a streamlined submission; PHAs completing streamlined submissions may skip to component 10.)

## 2. Activity Description

☐ Yes ☐ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If “yes”, skip to component 10. If “No”, complete the Activity Description table below.

Designation of Public Housing Activity Description
1a. Development name:
1b. Development (project) number:
2. Designation type: Occupancy by only the elderly <input type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/>
3. Application status (select one) Approved; included in the PHA’s Designation Plan <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: (DD/MM/YY)
5. If approved, will this designation constitute a (select one) <input type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected:
7. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development

## **10. Conversion of Public Housing to Tenant-Based Assistance**

[24 CFR Part 903.7 9 (j)]

Exemptions from Component 10; Section 8 only PHAs are not required to complete this section.

**A. Assessments of Reasonable Revitalization Pursuant to section 202 of the HUD FY 1996 HUD Appropriations Act**

1. ☐ Yes ☒ No: Have any of the PHA's developments or portions of developments been identified by HUD or the PHA as covered under section 202 of the HUD FY 1996 HUD Appropriations Act? (If "No", skip to component 11; if "yes", complete one activity description for each identified development, unless eligible to complete a streamlined submission. PHAs completing streamlined submissions may skip to component 11.)

**2. Activity Description**

☐ Yes ☐ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If "yes", skip to component 11. If "No", complete the Activity Description table below.

<b>Conversion of Public Housing Activity Description</b>	
1a. Development name:	
1b. Development (project) number:	
2. What is the status of the required assessment?	
<input type="checkbox"/> Assessment underway <input type="checkbox"/> Assessment results submitted to HUD <input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question) <input type="checkbox"/> Other (explain below)	
3. <input type="checkbox"/> Yes <input type="checkbox"/> No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.)	
4. Status of Conversion Plan (select the statement that best describes the current status)	
<input type="checkbox"/> Conversion Plan in development <input type="checkbox"/> Conversion Plan submitted to HUD on: (DD/MM/YYYY) <input type="checkbox"/> Conversion Plan approved by HUD on: (DD/MM/YYYY) <input type="checkbox"/> Activities pursuant to HUD-approved Conversion Plan underway	
5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one)	
<input type="checkbox"/> Units addressed in a pending or approved demolition application (date submitted or approved: ) <input type="checkbox"/> Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved: ) <input type="checkbox"/> Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved: )	

- ☐ Requirements no longer applicable: vacancy rates are less than 10 percent
- ☐ Requirements no longer applicable: site now has less than 300 units
- ☐ Other: (describe below)

#### **B. Reserved for Conversions pursuant to Section 22 of the U.S. Housing Act of 1937**

#### **C. Reserved for Conversions pursuant to Section 33 of the U.S. Housing Act of 1937**

### **11. Homeownership Programs Administered by the PHA**

[24 CFR Part 903.7 9 (k)]

#### **A. Public Housing**

Exemptions from Component 11A: Section 8 only PHAs are not required to complete 11A.

1. ☐ Yes ☒ No: Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h) homeownership program (42 U.S.C. 1437c(h)), or an approved HOPE I program (42 U.S.C. 1437aaa) or has the PHA applied or plan to apply to administer any homeownership programs under section 5(h), the HOPE I program, or section 32 of the U.S. Housing Act of 1937 (42 U.S.C. 1437z-4). (If “No”, skip to component 11B; if “yes”, complete one activity description for each applicable program/plan, unless eligible to complete a streamlined submission due to **small PHA** or **high performing PHA** status. PHAs completing streamlined submissions may skip to component 11B.)

#### **2. Activity Description**

- ☐ Yes ☐ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 12. If “No”, complete the Activity Description table below.)

#### **Public Housing Homeownership Activity Description (Complete one for each development affected)**

1a. Development name:
1b. Development (project) number:
2. Federal Program authority:
<input type="checkbox"/> HOPE I <input type="checkbox"/> 5(h) <input type="checkbox"/> Turnkey III <input type="checkbox"/> Section 32 of the USHA of 1937 (effective 10/1/99)
3. Application status: (select one)
<input type="checkbox"/> Approved; included in the PHA's Homeownership Plan/Program <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application
4. Date Homeownership Plan/Program approved, submitted, or planned for submission: (DD/MM/YYYY)
5. Number of units affected:
6. Coverage of action: (select one)
<input type="checkbox"/> Part of the development <input type="checkbox"/> Total development

## B. Section 8 Tenant Based Assistance

1. ☐ Yes X No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If "No", skip to component 12; if "yes", describe each program using the table below (copy and complete questions for each program identified), unless the PHA is eligible to complete a streamlined submission due to high performer status. **High performing PHAs** may skip to component 12.)

### 2. Program Description:

#### a. Size of Program

- ☐ Yes ☐ No: Will the PHA limit the number of families participating in the section 8 homeownership option?

If the answer to the question above was yes, which statement best describes the number of participants? (select one)

- ☐ 25 or fewer participants  
☐ 26 - 50 participants  
☐ 51 to 100 participants  
☐ more than 100 participants

#### b. PHA-established eligibility criteria

- ☐ Yes ☐ No: Will the PHA's program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria?

If yes, list criteria below:

## **12. PHA Community Service and Self-sufficiency Programs**

[24 CFR Part 903.7 9 (I)]

Exemptions from Component 12: High performing and small PHAs are not required to complete this component. Section 8-Only PHAs are not required to complete sub-component C.

### **A. PHA Coordination with the Welfare (TANF) Agency**

1. Cooperative agreements:

- ☐ Yes ☒ No: Has the PHA has entered into a cooperative agreement with the TANF Agency, to share information and/or target supportive services (as contemplated by section 12(d)(7) of the Housing Act of 1937)?

If yes, what was the date that agreement was signed? DD/MM/YY

2. Other coordination efforts between the PHA and TANF agency (select all that apply)

- ☐ Client referrals  
☐ Information sharing regarding mutual clients (for rent determinations and otherwise)  
☐ Coordinate the provision of specific social and self-sufficiency services and programs to eligible families  
☐ Jointly administer programs  
☐ Partner to administer a HUD Welfare-to-Work voucher program  
☐ Joint administration of other demonstration program  
☐ Other (describe)

### **B. Services and programs offered to residents and participants**

#### **(1) General**

a. Self-Sufficiency Policies

Which, if any of the following discretionary policies will the PHA employ to enhance the economic and social self-sufficiency of assisted families in the following areas? (select all that apply)

- X Public housing rent determination policies  
X Public housing admissions policies  
☐ Section 8 admissions policies  
☐ Preference in admission to section 8 for certain public housing families

- ☐ Preferences for families working or engaging in training or education programs for non-housing programs operated or coordinated by the PHA
- ☐ Preference/eligibility for public housing homeownership option participation
- ☐ Preference/eligibility for section 8 homeownership option participation
- ☐ Other policies (list below)

b. Economic and Social self-sufficiency programs

- ☐ Yes X No: Does the PHA coordinate, promote or provide any programs to enhance the economic and social self-sufficiency of residents? (If "yes", complete the following table; if "no" skip to sub-component 2, Family Self Sufficiency Programs. The position of the table may be altered to facilitate its use. )

Services and Programs				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office / PHA main office / other provider name)	Eligibility (public housing or section 8 participants or both)

**(2) Family Self Sufficiency program/s**

a. Participation Description

Family Self Sufficiency (FSS) Participation		
Program	Required Number of Participants (start of FY 2005 Estimate)	Actual Number of Participants (As of: DD/MM/YY)
Public Housing		

Section 8		

- b. ☐ Yes ☐ No: If the PHA is not maintaining the minimum program size required by HUD, does the most recent FSS Action Plan address the steps the PHA plans to take to achieve at least the minimum program size?  
If no, list steps the PHA will take below:

### C. Welfare Benefit Reductions

1. The PHA is complying with the statutory requirements of section 12(d) of the U.S. Housing Act of 1937 (relating to the treatment of income changes resulting from welfare program requirements) by: (select all that apply)
- X Adopting appropriate changes to the PHA's public housing rent determination policies and train staff to carry out those policies
  - X Informing residents of new policy on admission and reexamination
  - X Actively notifying residents of new policy at times in addition to admission and reexamination.
  - X Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
  - X Establishing a protocol for exchange of information with all appropriate TANF agencies
  - ☐ Other: (list below)

### D. Reserved for Community Service Requirement pursuant to section 12(c) of the U.S. Housing Act of 1937

## 13. PHA Safety and Crime Prevention Measures

[24 CFR Part 903.7 9 (m)]

Exemptions from Component 13: High performing and small PHAs not participating in PHDEP and Section 8 Only PHAs may skip to component 15. High Performing and small PHAs that are participating in PHDEP and are submitting a PHDEP Plan with this PHA Plan may skip to sub-component D.

### A. Need for measures to ensure the safety of public housing residents

1. Describe the need for measures to ensure the safety of public housing residents (select all that apply)

- ☐ High incidence of violent and/or drug-related crime in some or all of the PHA's developments
- ☐ High incidence of violent and/or drug-related crime in the areas surrounding or adjacent to the PHA's developments
- ☐ Residents fearful for their safety and/or the safety of their children
- ☐ Observed lower-level crime, vandalism and/or graffiti
- ☐ People on waiting list unwilling to move into one or more developments due to perceived and/or actual levels of violent and/or drug-related crime
- ☐ Other (describe below)

2. What information or data did the PHA used to determine the need for PHA actions to improve safety of residents (select all that apply).

- ☐ Safety and security survey of residents
- ☐ Analysis of crime statistics over time for crimes committed "in and around" public housing authority
- ☐ Analysis of cost trends over time for repair of vandalism and removal of graffiti
- X Resident reports
- X PHA employee reports
- Police reports
- ☐ Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug programs
- ☐ Other (describe below)

3. Which developments are most affected? (list below)

**B. Crime and Drug Prevention activities the PHA has undertaken or plans to undertake in the next PHA fiscal year**

1. List the crime prevention activities the PHA has undertaken or plans to undertake: (select all that apply)

- ☐ Contracting with outside and/or resident organizations for the provision of crime- and/or drug-prevention activities
- ☐ Crime Prevention Through Environmental Design
- ☐ Activities targeted to at-risk youth, adults, or seniors
- ☐ Volunteer Resident Patrol/Block Watchers Program
- ☐ Other (describe below)

2. Which developments are most affected? (list below)

### C. Coordination between PHA and the police

1. Describe the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities: (select all that apply)

- ☐ Police involvement in development, implementation, and/or ongoing evaluation of drug-elimination plan
- ☐ Police provide crime data to housing authority staff for analysis and action
- X Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence)
- ☐ Police regularly testify in and otherwise support eviction cases
- ☐ Police regularly meet with the PHA management and residents
- x Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services
- ☐ Other activities (list below)

2. Which developments are most affected? (list below)

### D. Additional information as required by PHDEP/PHDEP Plan

PHAs eligible for FY 2005 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- ☐ Yes ☐ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- ☐ Yes ☐ No: Has the PHA included the PHDEP Plan for FY 2005 in this PHA Plan?
- ☐ Yes ☐ No: This PHDEP Plan is an Attachment. (Attachment Filename: \_\_\_\_)

## **14. RESERVED FOR PET POLICY**

[24 CFR Part 903.7 9 (n)]

**HOUSING AUTHORITIES OF  
PALMETTO FAIRBURN UNION CITY  
152 GRANT STREET  
FAIRBURN, GEORGIA 30213**

Section III.

**PET POLICY**

The opportunity to have a household pet is extended to all residents of the Housing Authority. It is felt that residents of the Housing Authority will use good judgment in the selection of their pet. (Snakes, roctweiler, and pit bulls are not a good choice for household pets and are not allowed on the premises.) Any household desiring to obtain a pet will be required to submit a request to the Executive Director for approval. All pets must be maintained in such a manner as to not cause health or safety concern to the community nor be disruptive to the peaceful enjoyment of their neighbor's environment.

A security deposit of one hundred fifty (\$150.00) is required for any cat or dog. Additional, no dogs or cats will be permitted to run loose outside for any length of time and will be on a leash at all times when outside. No doghouses or etc. will be built or erected on Housing Authority property.

The quartering/housing/pet-sitting/ caring of an unauthorized pet is prohibited; the feeding of stray dogs or cats from porches, lawns, Housing Authority property, etc., is strongly discouraged. Such actions, unless specifically authorized by the Executive Director, will be viewed as a violation of the Pet Policy and the lease.

A security deposit will not be required for caged animals such as birds, fish, turtles, and hamsters on the like. Limitations on the number and types of these pets will be at the discretion of the Executive Director.

All apartments having pets must continue to meet the Housing Quality Standards at all times. Having a pet is no excuse for poor housekeeping.

Household desiring a dog or cat must meet the following requirements:

1. Only two pets dog or cat will be permitted per household.
2. Present evidence of licensing by the humane Society
3. Weight does not exceed 50 pounds.
4. Has been spayed, neutered, and or de-clawed.
5. Annual verification(s) of all inoculations, de-worming, etc.
6. Resident assumes responsibility for any damages or injuries caused by their pet. (Renter's insurance to cover such circumstances is required)
7. Resident will be present when any maintenance work is performed.
8. Resident will be responsible for the removal of any pet droppings/stool deposits left in any common areas, e.g. Lawns of the Housing Authority.
9. A pet fee of 10.00 will be paid monthly in conjunction with the rent.

Approval, when granted will be based on strict adherence to the lease and the recommendations of the Executive Director. The Pet Policy shall be an addendum to the

lease. Failure to comply will be deemed grounds for removal of the pet and possible termination of the lease.

**HOUSING AUTHORITIES OF  
PALMETTO FAIRBURN UNION CITY  
152 GRANT STREET  
FAIRBURN, GEORGIA 30213**

**DWELLING LEASE ADDENDUM**

**I have read, understand, and will comply with the rules/guidelines/requirements for having a household pet in my apartment at: \_\_\_\_\_**

**I hereby request that the following pet be granted residency in my household:**

**Pet's Name:** \_\_\_\_\_

**Type/Breed of animal:** \_\_\_\_\_

**Sex:** \_\_\_\_\_ **Color:** \_\_\_\_\_

**Certificate of:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Licensing:** \_\_\_\_\_

**Sprayed/Neutered:** \_\_\_\_\_

**Declawed:** \_\_\_\_\_

**Inoculation:** \_\_\_\_\_

**De-worming:** \_\_\_\_\_

**Has animal ever bitten anyone:** \_\_\_\_\_

.....  
**This form shall be attached and made a part of your dwelling lease.**

**The above information is correct and complete to the best of my knowledge.**

\_\_\_\_\_  
**Resident**

\_\_\_\_\_  
**Date**

**Approved/Disapproved**

\_\_\_\_\_  
**Executive Director**

\_\_\_\_\_  
**Date**

## **15. Civil Rights Certifications**

[24 CFR Part 903.7 9 (o)]

Civil rights certifications are included in the FHA Plan Certifications of Compliance with the FHA Plans and Related Regulations.

## **16. Fiscal Audit**

[24 CFR Part 903.7 9 (p)]

1. ☒ Yes ☐ No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h))?  
(If no, skip to component 17.)
2. ☒ Yes ☐ No: Was the most recent fiscal audit submitted to HUD?
3. ☐ Yes ☒ No: Were there any findings as the result of that audit?
4. ☐ Yes ☒ No: If there were any findings, do any remain unresolved?  
If yes, how many unresolved findings remain? \_\_\_\_\_
5. ☒ Yes ☐ No: Have responses to any unresolved findings been submitted to HUD?  
If not, when are they due (state below)?

## **17. PHA Asset Management**

[24 CFR Part 903.7 9 (q)]

Exemptions from component 17: Section 8 Only PHAs are not required to complete this component. High performing and small PHAs are not required to complete this component.

1. ☐ Yes ☐ No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock , including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have **not** been addressed elsewhere in this PHA Plan?
2. What types of asset management activities will the PHA undertake? (select all that apply)
  - ☐ Not applicable
  - ☐ Private management
  - ☐ Development-based accounting
  - ☐ Comprehensive stock assessment
  - ☐ Other: (list below)
3. ☐ Yes ☐ No: Has the PHA included descriptions of asset management activities in the **optional** Public Housing Asset Management Table?

## **18. Other Information**

[24 CFR Part 903.7 9 (r)]

### **A. Resident Advisory Board Recommendations**

1. ☐ Yes ☒ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)  
☐ Attached at Attachment (File name)  
☐ Provided below:
3. In what manner did the PHA address those comments? (select all that apply)  
☐ Considered comments, but determined that no changes to the PHA Plan were necessary.  
☐ The PHA changed portions of the PHA Plan in response to comments  
List changes below:  
☐ Other: (list below)

### **B. Description of Election process for Residents on the PHA Board**

1. ☒ Yes ☐ No: Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.)
2. ☒ Yes ☐ No: Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to sub-component C.)
3. Description of Resident Election Process
  - a. Nomination of candidates for place on the ballot: (select all that apply)  
☐ Candidates were nominated by resident and assisted family organizations  
☐ Candidates could be nominated by any adult recipient of PHA assistance  
☐ Self-nomination: Candidates registered with the PHA and requested a place on ballot  
☐ Other: (describe)
  - b. Eligible candidates: (select one)  
☐ Any recipient of PHA assistance  
☐ Any head of household receiving PHA assistance

- ☒ Any adult recipient of PHA assistance  
☐ Any adult member of a resident or assisted family organization  
☐ Other (list)

c. Eligible voters: (select all that apply)

- ☒ All adult recipients of PHA assistance (public housing and section 8 tenant-based assistance)  
☐ Representatives of all PHA resident and assisted family organizations  
☐ Other (list)

### **C. Statement of Consistency with the Consolidated Plan**

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: FAIRBURN, GEORGIA
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- ☒ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.  
☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.  
☐ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.  
☐ Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)  
  
☐ Other: (list below)

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

### **D. Other Information Required by HUD**

Use this section to provide any additional information requested by HUD.

### **Attachments**

Use this section to provide any additional attachments referenced in the Plans.

# HOUSING AUTHORITIES

## PALMETTO FAIRBURN UNION CITY

**TERRICITIA RAINEY**  
Executive Director

P.O. Box 648  
Palmetto, Georgia 30268  
770-463-0213  
Fax: 770-463-0255  
[housing.authorities@prodigy.net](mailto:housing.authorities@prodigy.net)

November 1, 2006

### **Violence Against Women Policy (VAWA)**

It is the policy of the Palmetto, Fairburn, and Union City Housing Authorities to implement the Violent Against Women Act. The Housing Authorities of Palmetto, Fairburn, and Union City will have in place a listing of battered women shelters, organizations that can assist them and their families from abusive situations, as well as other housing authorities that have a larger amount of units. The Housing Authorities of Palmetto, Fairburn, and Union City are a no nonsense agency, if the individual is in a battered situation and continues to let the batterer back in the unit then the housing authorities would then have no choice but to terminate that person's lease.

The Housing Authorities of Palmetto, Fairburn, and Union City has adopted a form for each household member 18 years of age and older to sign if such incidents like this would happen. This will be done at the next re-certification in January 2007.

# HOUSING AUTHORITIES

## PALMETTO FAIRBURN UNION CITY

**TERRICITIA RAINEY**  
Executive Director

P.O. Box 648  
Palmetto, Georgia 30268  
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### **PURPOSE**

It is the policy of the Palmetto, Fairburn, and Union City Housing Authorities to comply with PIH Notice 2006-23, issued June 23, 2006. The Housing Authorities will not evict or deny rental assistance from certain persons living in Public Housing if the asserted grounds for such action is an instance of domestic violence, dating violence, sexual assault or stalking as defined by Section 3 of the United States Housing Act 1937 and amended by VAWA.

### **APPLICABILITY**

All residents of the Palmetto, Fairburn, and Union City Housing Authorities will be made aware of the Requirement of the Violence against Women Policy effective immediately:

Notification at time  
of Re-certification  
Post Policy in Office

The PHA will exhaust all means necessary to inform Residents of this policy.

### **IMPLEMENTATION**

The Housing Authorities of Palmetto, Fairburn, and Union City specific goals will be included in the PHA's five year Annual Plan and will provide assistance for victims of domestic violence, date violence, sexual assault or stalking. The PHA will have a list of other local agencies and housing authorities. It is the objective of the PHA to prevent loss of HUD Assisted Housing as a consequence of the abuse.

It is the policy of the Palmetto, Fairburn, and Union City Housing Authorities in the event a tenant allows the batterer to return to the public housing unit the resident may jeopardize their rights to HUD assisted housing. The Housing Authority will document and certify all cases of violence against women and take appropriate action as directed by Federal and State guidelines. The Housing Authority will then create and utilize a form for all documentation.

# PHA Plan Table Library

## Component 7 Capital Fund Program Annual Statement Parts I, II, and II

### Annual Statement Capital Fund Program (CFP) Part I: Summary

Capital Fund Grant Number 01 FFY of Grant Approval: 01/2008)

x Original Annual Statement

Line No.	Summary by Development Account	Total Estimated Cost
1	Total Non-CGP Funds	
2	1406 Operations	33600
3	1408 Management Improvements	
4	1410 Administration	
5	1411 Audit	6,400
6	1415 Liquidated Damages	
7	1430 Fees and Costs	
8	1440 Site Acquisition	
9	1450 Site Improvement	
10	1460 Dwelling Structures	
11	1465.1 Dwelling Equipment-Nonexpendable	
12	1470 Nondwelling Structures	
13	1475 Nondwelling Equipment	
14	1485 Demolition	
15	1490 Replacement Reserve	
16	1492 Moving to Work Demonstration	
17	1495.1 Relocation Costs	
18	1498 Mod Used for Development	
19	1502 Contingency	
20	<b>Amount of Annual Grant (Sum of lines 2-19)</b>	<b>40,000</b>
21	Amount of line 20 Related to LBP Activities	
22	Amount of line 20 Related to Section 504 Compliance	
23	Amount of line 20 Related to Security	
24	Amount of line 20 Related to Energy Conservation Measures	

## Capital Fund Program (CFP) Part II: Supporting Table

[illegible]

**Annual Statement**

**Capital Fund Program (CFP) Part III: Implementation Schedule**

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)	All Funds Expended (Quarter Ending Date)

## **7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

### **Optional Table for 5-Year Action Plan for Capital Fund (Component 7)**

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

<b>Optional 5-Year Action Plan Tables</b>			
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>
GA180	FAIRBURN HOUSING AUTHORITY	0	1

  

<b>Description of Needed Physical Improvements or Management Improvements</b>	<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
<b>Total estimated cost over next 5 years</b>		

## **7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

### **Optional Public Housing Asset Management Table**

See Technical Guidance for instructions on the use of this table, including information to be provided.

<b>Public Housing Asset Management</b>								
<b>Development Identification</b>		<b>Activity Description</b>						
Name, Number, and Location	Number and Type of units	Capital Fund Program Parts II and III <i>Component 7a</i>	Development Activities <i>Component 7b</i>	Demolition / disposition <i>Component 8</i>	Designated housing <i>Component 9</i>	Conversion <i>Component 10</i>	Home-ownership <i>Component 11a</i>	Other (describe) <i>Component 17</i>

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

**HOUSING AUTHORITIES  
PALMETTO FAIRBURN UNION CITY**

**TERRICITIA RAINEY**  
Executive Director

152 Grant Street  
Fairburn, Georgia 30213  
770-306-8221  
FAX: 770- 306-7585  
[housing.authorities@prodigy.net](mailto:housing.authorities@prodigy.net)

The Housing Authorities of Palmetto, Fairburn, and Union City have one Chairperson for the Resident Initiative Committee Board, no other offices are held at this time.

**Resident Board Member Fairburn**

**Ms. Carolyn Calhoun, Chairperson**  
**Ms. Tonya Mobley, Resident**  
**Ms. Eula Bridges, Resident**

**Resident Board Member Palmetto**

**Ms. Alma Cook, Resident**  
**Mrs. Trina Carr, Resident**

**Resident Board Member, Union City**

**Ms. Annie Barlow, Chairperson**  
**Mrs. Annell Hood, Resident**

Annual Statement/Performance and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)  
Part II: Supporting Pages

## **7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

[illegible]

**HOUSING AUTHORITIES**  
**PALMETTO FAIRBURN UNION CITY**

## TERRICITIA RAINEY

**152 Grant Street**

## **7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

Executive Director

Palmetto, Georgia 30268  
770-306-8221 Fax: 770-306-7585  
[housing.authorities@prodigy.net](mailto:housing.authorities@prodigy.net)

Dear Resident:

*According to Housing Authority records, you must perform eight (8) hours of Community Service each month beginning in January 2007:*

***Except for any family member who is an exempt individual, each adult resident of public housing must:***

- 1. Contribute 8 hours per month of community service (not including political activities);*
- 2. Participate in an economic self-sufficiency program for 8 hours per month; or*
- 3. Perform 8 hours per month of combined activities as described in paragraphs (1) and (2) above.*

***An exempt individual is any adult who:***

- 1. Is 62 years of age or older;*
- 2. (a) is a blind or disabled individual, as defined under 216(i)(1) or 1614 of the Social Security Act (42 U.S.C. 416 (i)(1); 1382c), and who certifies that because of this disability she or he is unable to comply with the service provisions of the subpart; or (b) is a primary caretaker of such individual;*
- 3. Is engaged in work activities (as defined by Section 407(d) of the Social Security Act;*
- 4. Is participating in a welfare to work program or receiving assistance from and in compliance with a State program funded under Part A, Title IV of the Social Security Act.*

*You must schedule a time to meet with the Re-certification Official prior to April 1, 2006 to determine where you will be able to perform your community service. If you disagree and feel you should be exempted from this requirement, you should advise the Re-certification Official at the time of this meeting*

*Sincerely,*

Baseemah Aziz  
Administrative Assistant

**HOUSING AUTHORITIES**  
**PALMETTO FAIRBURN UNION CITY**

**TERRICITIA RAINEY**  
Executive Director

152 Grant Street  
Fairburn, Georgia 30213  
770-306-8221 Fax: 770-306-7585

## **7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

[housing.authorities@prodigy.net](mailto:housing.authorities@prodigy.net)

*Every adult resident (over age 18) of public housing is required to perform eight (8) hours of community service each month or participate in a self-sufficiency program for at least eight (8) hours every month. This does not apply to persons already working, elderly persons, disabled persons, persons exempted from work requirements under State welfare to work programs, or persons receiving assistance under a State program that have not been found to be in noncompliance with such a program.*

*According to our records the following members of your household do not meet the exemption requirements for performing community service.*

***Name***

***Social Security Number***

*In order to fulfill the requirement the member(s) listed above must call the Housing Authority office to schedule an appointment to complete the process. If you disagree with this determination you may refer to the Housing Authority grievance policy for the grievance process.*

*If you or members of your household do not complete the community service requirement, your lease will not be renewed unless the resident enters into an agreement with the Housing Authority to make up the missed hours.*

*If you have a question or need further information, please call the office.*

*Sincerely,*

*Terricitia Rainey, PHM  
Executive Director*

**HOUSING AUTHORITIES  
PALMETTO FAIRBURN UNION CITY**

**TERRICITIA RAINEY  
Executive Director**

**152 Grant Street  
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[housing.authorities@prodigy.net](mailto:housing.authorities@prodigy.net)**

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

***AGREEMENT BY RESIDENT TO PERFORM  
COMMUNITY SERVICE REQUIREMENTS***

\_\_\_\_\_ (herein called Resident) has failed to perform the Community Service Requirements as required by CFR, Subpart R, Sec. 960.603 – 960.611 which requires Resident to perform eight (8) hours of community service per month or to participate in eight (8) hours of an economic self-sufficiency program per month or a combination of both.

As a result, Resident agrees to perform eight (8) hours per month of required service over the next 12-month lease term. If Resident fails to carry out the terms of this agreement in any one month during this lease term, the Resident will be in violation of this agreement and the lease shall be terminated immediately.

\_\_\_\_\_  
Resident's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
FHA Representative

\_\_\_\_\_  
Date

**HOUSING AUTHORITIES  
PALMETTO FAIRBURN UNION CITY**

**TERRICITIA RAINEY  
Executive Director**

**152 grant Street  
Fairburn, Georgia 30213  
770-306-8221 Fax: 770-306-7585  
[housing.authorities@prodigy.net](mailto:housing.authorities@prodigy.net)**

***NOTICE TO RESIDENT OF NONCOMPLIANCE WITH  
THE COMMUNITY SERVICE REQUIREMENT***

## **7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

*The Fairburn Housing Authority has reviewed your activities regarding compliance with the Community Service Requirement and has determined that you have not fulfilled your service requirements for the lease term ending \_\_\_\_\_. The reason for this determination is as follows:*

*You failed to perform the necessary hours of community service required.*

*You failed to provide a signed certification from a qualified organization indicating that you have met the required community service requirements.*

*As a result, the Fairburn Housing Authority will not renew your lease at the end of the 12-month lease term unless:*

- A. You enter into a written agreement with the Housing Authority in the form and manner required to correct such noncompliance, or*
- B. The family provides written assurance, satisfactory to the Housing Authority that you no longer reside in the apartment located at \_\_\_\_\_.*

*You may, at your discretion, request a grievance hearing on this determination in accordance with the Fairburn Housing Authority Grievance Procedure or any judicial remedy for the non-renewal of the lease for the above stated reason(s).*

## **HOUSING AUTHORITIES**

**PALMETTO FAIRBURN UNION CITY**

**TERRICITIA RAINEY**  
Executive Director

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**Fairburn, Georgia 30213**  
**770-306-8221 Fax: 770-306-7585**  
[\*\*housing.authorities@prodigy.net\*\*](mailto:housing.authorities@prodigy.net)

### ***REFERRAL FORM***

**NAME:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**REFERRED BY:** \_\_\_\_\_

## **7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

*Check any of the following programs/services in which you may be interested:*

<input type="checkbox"/> <i>After-School Tutorial</i>	<input type="checkbox"/> <i>Daycare</i>	<input type="checkbox"/> <i>Mentoring</i>
<input type="checkbox"/> <i>Girl Scouts</i>	<input type="checkbox"/> <i>Boy Scouts</i>	<input type="checkbox"/> <i>Girl/Boy Scout Leader</i>
<input type="checkbox"/> <i>Workforce Development</i>	<input type="checkbox"/> <i>Drop Out Prevention</i>	<input type="checkbox"/> <i>Family Worker</i>
<input type="checkbox"/> <i>GED</i>	<input type="checkbox"/> <i>PRIDE</i>	<input type="checkbox"/> <i>Fathering Initiative</i>
<input type="checkbox"/> <i>Sports and Recreation</i>	<input type="checkbox"/> <i>Small Business</i>	

**COMMENTS:** \_\_\_\_\_

*Referee/Parent Signature*

*Date*

\_\_\_\_\_

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement  
Housing Factor**

**HOUSING AUTHORITIES  
PALMETTO FAIRBURN UNION CITY**

**TERRICITIA RAINEY**  
Executive Director

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Fairburn, Georgia 30213  
770-306-8221 Fax: 770-306-7585  
[housing.authorities@prodigy.net](mailto:housing.authorities@prodigy.net)

***COMMUNITY SERVICE CERTIFICATION FORM***

**RESIDENT:** \_\_\_\_\_  
(Please Print)

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**HOURS WORKED:** \_\_\_\_\_

*I certify that the above named person has performed eight (8) hours per month of volunteer community service work as indicated below for our agency or company over the past 12-months:*

**CERTIFICATION PERIOD/YEAR:** \_\_\_\_\_

**APR** \_\_\_\_\_

**OCT** \_\_\_\_\_

**MAY** \_\_\_\_\_

**NOV** \_\_\_\_\_

**JUN** \_\_\_\_\_

**DEC** \_\_\_\_\_

**JUL** \_\_\_\_\_

**JAN** \_\_\_\_\_

**AUG** \_\_\_\_\_

**FEB** \_\_\_\_\_

**SEP** \_\_\_\_\_

**MAR** \_\_\_\_\_

**AGENCY NAME:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## **7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

\_\_\_\_\_  
*Signature of Authorized Person*

\_\_\_\_\_  
*Date*

*The person verifying the service work should sign and mail the original form to the Housing Authorities:  
26 W. Campbellton Street, Suite 110, Fairburn, Georgia 30213. Forms may be randomly verified for authenticity.  
Residents are encouraged to obtain a copy of this form*

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

**HOUSING AUTHORITIES OF  
PALMETTO FAIRBURN UNION CITY**

*Agency Information  
Community Service Program*

Agency: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

***Volunteer Activities***

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

\_\_\_\_\_  
*Signature of Authorized Official*

\_\_\_\_\_  
*Date*

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

**HOUSING AUTHORITIES OF  
PALMETTO FAIRBURN UNION CITY  
152 GRANT STREET  
FAIRBURN, GEORGIA 30213  
770-306-8221 FAX: 770-306-7585  
[housing.authorities@prodigy.net](mailto:housing.authorities@prodigy.net)**

***Community Service Report***

***Resident Name:*** \_\_\_\_\_

***Address:*** \_\_\_\_\_

***Agency:*** \_\_\_\_\_

<i>Date</i>	<i>Time</i>	<i>Activities</i>	<i>Total Time Completed</i>

***The Agency representative may fax or mail this form to the Housing Authorities of Palmetto, Fairburn, and Union City.***

## **7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

*By signing below you are certifying the information listed above is true and accurate.*

\_\_\_\_\_  
*Resident Signature*

\_\_\_\_\_  
*Authorized Agency Representative*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

**HOUSING AUTHORITIES**  
**PALMETTO FAIRBURN UNION CITY**

**TERRICITIA RAINEY**  
Executive Director

152 Grant Street  
Fairburn, Georgia 30213  
770-306-8221 Fax: 770-306-7585  
[housing.authorities@prodigy.net](mailto:housing.authorities@prodigy.net)

**COMMUNITY SERVICE EXEMPTION FORM**

*I certify that I am eligible for an exemption from the Community Service requirement for the following reasons:*

- ☐ *62 years or older*
- ☐ *I have a disability which prevents me from working*
- ☐ *Currently working at least 20 hours a week*
- ☐ *I am receiving TANF and am participating in a required economic self-sufficiency program or work activity.*
- ☐ *I am a full time student*
- ☐ *I am participating in a Welfare to Work Program*

\_\_\_\_\_  
*Resident Signature*

\_\_\_\_\_  
*Date*

## 7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name: FAIRBURN HOUSING AUTHORITY</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: GA06918050107 Replacement Housing Factor Grant No:			<b>Federal FY of Grant: 2007</b>
<input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:2)</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	36,514	33,238	33,238	33,238
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit	4,400	4,400	4,400	4,400
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs			Revisions to adjust additional funding for CFP	
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	36,558	37,638	37,638	37,638
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				

## 7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name:</b> FAIRBURN HOUSING AUTHORITY			<b>Grant Type and Number</b> Capital Fund Program Grant No: GA06918050107 Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> 2007
<b>XOriginal Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:2)</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
<b>Line No.</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost</b>	
		<b>Original</b>	<b>Revised</b>	<b>Obligated</b>	<b>Expended</b>
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
<b>PHA Name:</b> Fairburn Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: GA06918050107 Replacement Housing Factor Grant No:				<b>Federal FY of Grant:</b> 2007		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-WIDE	OPERATIONS	1406		24,600	33,238	33,238	33,238	
HA-WIDE	AUDIT	1411		4,400	4,400	4,400	4,400	
HA-WIDE	REPLACEMENT OF FURNACE	1475	5	5,000				
HA-WIDE	APPLIANCE REFRIGERATOR, STOVES, ETC. (AS NEEDED)	1460	5	2,000				

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: Fairburn Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: GA06918050107 Replacement Housing Factor Grant No:			Federal FY of Grant: 2007		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part III: Implementation Schedule</b>							
PHA Name: Fairburn Housing Authority		<b>Grant Type and Number</b> Capital Fund Program No: GA06P18050107 Replacement Housing Factor No:				Federal FY of Grant: 2007	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	

[illegible]

## **7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

<b>Capital Fund Program Five-Year Action Plan</b>					
<b>Part I: Summary</b>					
PHA Name				<input type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>	
Development Number/Name/ HA-Wide	Year 1	Work Statement for Year 2  FFY Grant: PHA FY:	Work Statement for Year 3  FFY Grant: PHA FY:	Work Statement for Year 4  FFY Grant: PHA FY:	Work Statement for Year 5  FFY Grant: PHA FY:
	Annual Statement				
CFP Funds Listed for 5-year planning					
Replacement Housing Factor Funds					

## 7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Capital Fund Program Five-Year Action Plan Part II: Supporting Pages—Work Activities						
Activities for Year 1	Activities for Year : ____ FFY Grant: PHA FY:			Activities for Year: ____ FFY Grant: PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See						
Annual						
Statement						
Total CFP Estimated Cost			\$			\$

Capital Fund Program Five-Year Action Plan Part II: Supporting Pages—Work Activities	
Activities for Year : ____ FFY Grant: PHA FY:	Activities for Year: ____ FFY Grant: PHA FY:

## **7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
Total CFP Estimated Cost		\$			\$

## 7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
<b>PHA Name: FAIRBURN HOUSING AUTHORITY</b>			<b>Grant Type and Number</b> Capital Fund Program Grant No: GA06918050104 Replacement Housing Factor Grant No:		<b>Federal FY of Grant: 2004</b>
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    )					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	26,450		26,450	26,450
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit	4,400		4,400	4,400
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	5,000		5,000	5,000
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	5,000		5,000	5,000
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	40,850		40,850	40,850
22	Amount of line 21 Related to LBP Activities				

## **7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
<b>PHA Name: FAIRBURN HOUSING AUTHORITY</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: GA06918050104 Replacement Housing Factor Grant No:			<b>Federal FY of Grant: 2004</b>
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    )					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <b>Final Performance and Evaluation Report</b>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

## **7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

[illegible]

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

## 7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name: FAIRBURN HOUSING AUTHORITY</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: GA06918050105 Replacement Housing Factor Grant No:			<b>Federal FY of Grant: 2005</b>
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    )					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <b>Final Performance and Evaluation Report</b>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	12,989		12,989	12,989
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit	6,000		6,000	6,000
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	10,000		10,000	10,000
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	10,000		10,000	10,000
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	38,989		38,989	38,989
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				

## **7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name: FAIRBURN HOUSING AUTHORITY</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: GA06918050105 Replacement Housing Factor Grant No:			<b>Federal FY of Grant: 2005</b>
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    )					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <b>Final Performance and Evaluation Report</b>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

## **7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

[illegible]

## 7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name: FAIRBURN HOUSING AUTHORITY</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: GA06918050106 Replacement Housing Factor Grant No:			<b>Federal FY of Grant: 2006</b>
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    )					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <b>Final Performance and Evaluation Report</b>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	10,158		10,158	10,158
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit	4,400		4,400	4,400
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	15,000		15,000	15,000
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	7,000		7,000	7,000
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	36,558		36,558	36,558
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				

## **7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name: FAIRBURN HOUSING AUTHORITY</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: GA06918050106 Replacement Housing Factor Grant No:			<b>Federal FY of Grant: 2006</b>
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    )					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <b>Final Performance and Evaluation Report</b>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

## **7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: Fairburn Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: GA06918050106 Replacement Housing Factor Grant No:			<b>Federal FY of Grant: 2006</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-WIDE	OPERATIONS	1406		10,158		10,158	10,158	
GA180	AUDIT	1411		4,400		4,400	4,400	
GA-180	DRIVEWAY REPAIRS	1450	2	15,000		15,000	15,000	
GA-180	REPLACEMENT OF FURNACE	1475	5	7,000		7,000	7,000	

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**